

IN CASE OF MISTAKE WHEN ONE CHILD AT A BIRTH, A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 194
Registered No. 508

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Warrior Riding or Village _____
City Miami No. Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Walter Townley Johnson } If child is not yet named, make supplemental report, as directed.

3. Sex of Child To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Aug 28 1930
Month Day Year

8. FATHER

Full name John Quency Johnson

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race

White

11. Age at last birthday 32 (Years)

12. Birthplace (city or place)

(State or country) Texas

13. Occupation

Nature of Industry Farming

14. MOTHER

Full maiden name Sue Redfern

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race

White

17. Age at last birthday 34 (Years)

18. Birthplace (city or place)

(State or country) Texas

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 7

(b) Born alive but now dead 6

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:40 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller
(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address Miami, Arizona

Registrar

File 615-838-295 19 30 Registrar C. E. Drury